

# Durham Safeguarding Children Partnership

## Multi-Agency Home Environment Assessment Tool

Practitioner Guidance - Update May 2023



Keeping Children Safe

## 1.0 Introduction

- 1.1 The County Durham Strategic Partnership Approach to Early Help sets out a clear vision to provide effective early help to families. In doing so, it is important practitioners identify early the indicators of neglect or poor home conditions as these may have an adverse impact on outcomes for children and young people. Where concerns are identified, it is vital that practitioners take swift action to support families to make the necessary improvements that will improve life for the child/ren and family.
- 1.2 The Home Environment Assessment Tool is one of the tools that can contribute to the completion of a whole family assessment.
- 1.3 The assessment tool has been developed with practitioners. It is designed to help practitioners identify those families where there may be early signs of neglect so that swift action can be taken to address and support families to improve home conditions for their children.
- 1.4 The tool recognises that practitioners must make judgements about the safety, order and cleanliness of the homes in which children live. The tool has been designed to help practitioners to be objective about their observations and evidence their concerns.

## 2.0 When to use the assessment tool

- 2.1 **Universal**  
**Health Visitors, School Nurses and Midwives** are required to complete the assessment tool with all families as part of the universal Healthy Child Programme offer, in accordance with specification requirements, as follows: -
  - Health Visitors and Early Years Practitioners will carry out the Home Environment Assessment at appropriate core contacts. The assessment tool should be used to inform the Family Health Needs Assessment which is required to be completed by the 6- 8 week contact. The tool will also be completed with all families who transfer into County Durham.
  - School Nurses and Support Workers – will complete the assessment at targeted interventions during home visits.
  - Midwives – will complete the assessment with all families at the antenatal home visits.
- 2.2 **Targeted Early Help**  
All practitioners who carry out home visits as part of their practice with families (e.g. One Point Service, some VCS organisations, Housing Providers etc) are required to complete this checklist on a home visit with families who are subject to a whole family assessment. The Home Environment assessment should be completed in line with the timescales set out within service procedures, (i.e. within 45 days, or earlier).
- 2.3 **Children Social Care**  
It is expected that any child and family who require a statutory children social care intervention will have a Home Environment Assessment undertaken as part of the child's statutory social care assessment.
- 2.4 **Information Sharing**  
To facilitate effective information sharing and the coordination of appropriate support to the child and family, where agencies are working together through a TAF, a copy of the Home Environment Assessment should be shared between appropriate professionals working with the family.

### 3.0 Using the assessment tool

#### Consent

- 3.1 The assessment tool should be completed jointly with parents/carers as part of a whole family assessment, or the Health Needs Assessment, this creates greater openness and a common understanding of the areas that may cause concern. Consent should be gained as part of this process. The questions in the assessment tool have been worded in a positive way to minimise the risk of families feeling anxious about the assessment. The delivery of the assessment universally with all families should also provide some reassurance that a supportive approach is being adopted.
- 3.2 If consent is not gained, then practitioners should consider completion of the Engaging Families Toolkit.
- 3.3 It is important when carrying out the assessment, that the worker has a clear picture of the home environment from the child's point of view.
- 3.4 Where there is more than one child within the family the checklist should be completed from each child's perspective e.g. a young baby who is at crawling stage will be more affected by dirt on the floor however an older child may be more affected by dental decay.

#### 4.0 Scoring

- 4.1 The scoring is binary – 0 if the condition is present, 1 if it is not.
- 4.2 Depending on the age of the children, different items may give more or less concern, but in general the higher the overall score, the greater the concern.
- 4.3 Items should be scored on the basis of what is observed. The scale charts the child's environment as it is.
- 4.4 A single item may be enough to raise a significant concern as well as a number of items together. Professional judgement must be applied.
- 4.5 Specific details can be recorded by the practitioner to record what is seen, to help develop specific actions to address the improvements required.

### 5.0 Summary and analysis of home environment assessment

- 5.1 Whilst for many families the completion of the assessment tool will raise no concerns, for those that do, the worker should use the assessment tool to help gain an appreciation of why matters are as they are so that appropriate and supportive actions can be identified that will help the family to make the required improvements. It is therefore vitally important for practitioners to summarise and analyse the finding from the home environment assessment.

**Consider** so what does this mean for the child living in this home. If the child could speak what would he/she say? What is the risk to the child living in this home? It is important for practitioners to be specific and define the identified risks.

## 6.0 What to do if the heat raises concerns

- 6.1 Unless an issue raises a concern that a child or a young person may be at risk of immediate or significant harm, practitioners should take appropriate supportive action to address the issues of concern with families and review progress quickly.
- 6.2 Actions should be agreed with the family and recorded in the child and family plan or contact action plan within SystemOne. The analysis of the assessment and agreed actions should also be recorded and referenced in the whole family assessment and the Child and Family Plan/ statutory children social care assessment and care plan /family health assessment.
- 6.3 Where there are concerns identified in relation to the health or development of the child referral/liaison with the 0-25 Community Family Health Service who will contact the family to complete/update the health needs assessment.
- 6.4 Direct practical help, support and guidance should be provided to the family and a review should be carried out within a reasonable timescale, but no later than 2 months from the initial visit. This will give families a clear record of their progress. Ongoing review that progress has been sustained will be required.
- 6.5 In most instances, the agency completing the assessment will be able to provide the support that the family requires to make changes. However, if the concerns raised are significant and the family require a level of help that the single agency completing the tool cannot provide themselves, contact should be made with First Contact Service through request for early help or safeguarding depending on level of concern.
- 6.6 The Home Environment Assessment should be shared with First Contact Service as part of the evidence of concerns and in support of the referral and to aid the determination of the most appropriate course of action.
- 6.8 First Contact will triage the information, and the referral may progress to the MASH. A level of need will be assigned to the case.
- 6.9 Practitioners should consider undertaking the Graded Care Profile 2 assessment with the family if there are concerns about ongoing neglect for the children within the family. See Durham Safeguarding Children partnership website. <https://durham-scp.org.uk/graded-care-profile2/>

## 7.0 Guidance on undertaking to HEAT

Please note: Initial visit date - **Yes** (strength) or N/A (**0**)  
**No** (requires improvement) (**1**)

1.0 Observations of interior and exterior of home	Impact on child/ren Specific details (if required)
1.1 Home is free from pet/animal hazards including faeces/vermin, excessive animal hair and there is no evidence of fleas/bedbugs.	
1.2 Home free from rubbish/clutter/ hoarding which is likely to pose a safety risk to children.	<b>Tip</b> Consider stairs, landings and doorways. The front and back doors are useable exits in an emergency and for daily use.
1.3 Home in state of good repair.	<b>Tip</b> Consider obvious state of poor repair, such as doors missing, holes in walls, stair rails missing.
1.4 The garden/outside space is safe and free from rubbish, animal faeces.	<b>Tip</b> Consider uncovered ponds/pools and broken play equipment.
1.5 There are adequate home furnishings.	<b>Tip</b> Consider has the child and other family members got a bed, storage that makes the bedroom safe, is there somewhere to sit, safe flooring.
1.6 There are adequate basic amenities including services to kitchen and bathroom.	<b>Tip</b> Consider does the family have a fridge, cooker/something to cook food with, clean running water, electricity/gas points, a toilet is working, sink in the kitchen for washing up, bath is free to be used for washing.
1.7 There are basic kitchen items and provisions appropriate to children and family (e.g. weaning) including adequate food in cupboards and fridge.	<b>Tip</b> Consider plates and cutlery, pot and pans.
1.8 The gas, electric and water are available and there is a working boiler.	<b>Tip</b> Consider if the gas/or electric is not on, how long has the water/gas/electric has been off, what are the reasons for this? What are parents/carers doing to try and get the amenities back on, what is the impact on the children.
2.0 Health and Safety Issues	Impact on child/ren Specific details (if required)
2.1 The home environment is safe and clear of hazards and age-appropriate safety equipment present.	<b>TIP</b> Consider whether there is use of a chip pan and associated fire risk. Consider use of and access to stairgates, smoke alarm, fire guards, cupboard latches, safe blind cords.
2.2 There is no evidence of weapons within home or garden.	<b>TIP</b> Consider items such as baseball bats/ ceremonial swords etc.

<p><b>2.3</b> The home is warm, well ventilated and has no unpleasant odour.</p>	<p><b>TIP</b> Consider mold, is it black mold that is contributed to by overcrowding, lack of ventilation, hoarding, drying washing on radiators, lack of ventilation when bathing/showering. Is there a smell of smoke/cannabis? Is there a smell of urine? Consider children's enuresis, is it animal related.</p>
<p><b>2.4</b> There is no evidence of exposed needles/ drug paraphernalia/medicines/alcohol in sight or reach of children.</p>	<p><b>TIP</b> Consider types of medication taken by family members. Consider empty bottles/ cans in the recycling, consider emptys within the home, prompts safe storage of alcohol. Is a locked box required?</p>
<p><b>2.5</b> There is evidence of animals in the home being well cared for and supervised around the child/ren. The animal is not considered dangerous and/or there is not a history of animal bites?</p>	<p><b>TIP</b> Is there food for the animal. Is there evidence of fleas or sores that could impact on the children/family. Litter boxes are clear. Animals cages/fish tanks/crates are clean.</p>
<p><b>2.6</b> Smoke alarms and carbon monoxide alarms are present and in working order.</p>	<p><b>TIP</b> Regulations for landlords – are there carbon monoxide alarms, gas and electric certificates.</p>
<p><b>2.7</b> Where there are smokers in the household are they following advice of smoking around children?</p>	<p><b>TIP</b> 7 steps guidance can be shared with family (smoking outside of the home, washing hands before handling babies). Consider using carbon monoxide testing monitor? Consider storage of cigarettes, E cigarettes and e solutions being safely stored.</p>

**3.0 Sleeping Arrangements**

**Impact on child/ren  
Specific details (if required)**

<p><b>3.1</b> The children and family members have access to safe sleeping environment.</p>	<p><b>TIP</b> Appropriate for age of baby – Moses basket or crib, cot, toddler bed. Consider safety of bunkbeds. Ask questions around where people sleep. Consider safe co-sleeping. Is anyone sleeping on a sofa? Refer to lullaby trust guidance <a href="https://www.lullabytrust.org.uk/safer-sleep-advice/">https://www.lullabytrust.org.uk/safer-sleep-advice/</a> Where are animals sleeping?</p>
<p><b>3.2</b> The beds and furnishings are clean and in good state of repair.</p>	<p><b>TIP</b> Does everyone have a bed/somewhere to sleep? Consider management of conditions like enuresis, is this impacting on the children's mattress condition. Mattresses on the floor.</p>
<p><b>3.3</b> The mattress are clean with sufficient bedclothes on children's bed.</p>	<p><b>TIP</b> Consider are the pillows clean and mattresses free from mold, pillowcase and under sheets that can be washed, is the bedding appropriate for the season?</p>
<p><b>3.4</b> There are no locks/bolts or ties on the outside of the bedroom doors, children can freely get out of their bedrooms.</p>	<p><b>TIP</b> Consider bolts, locks, chairs, are there marks around door handles that indicate that the door has been held shut. Are there handles on both sides of the door?</p>

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#### 4.0 Care of babies and children

#### Impact on child/ren Specific details (if required)

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4.1 Is there sterilizing equipment, baby milk and nappies?

4.2 Does the child have safe toys that are designed for their age?

**TIP** Consider guidance around walkers, jumparoos and toys that babies might be placed in for long periods of time, consider choking hazards, toys of older children that might cause injury to others, Is the child supported to play and develop their play.

4.3 Do babies and children have space and freedom to play safely?

4.4 Is there age appropriate supervision of the child (also consider age appropriate babysitters).

**TIP** <https://www.rospa.com/school-college-safety/teaching-safety/whole-school-approach/babysitting>

Consider use of Signs of Safety and the Family Network to ensure safe supervision of child/ren.

4.5 The child has a toothbrush and uses it daily and has no pain or toothache. The child is registered with a dentist and visits regularly.

**TIP** Oral Hygiene has been requested as part of the heat tool by public health.

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#### 5.0 Any other issues or observations the practitioner or family member wishes to raise?

#### Impact on child/ren Specific details (if required)

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5.1 Write in here issues you may have discovered undertaking the assessment not addressed in any of the above.

**TIP** Write in here the impact and details of the discovered issues.

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